

Catalyst Medical Group Notice of Privacy Practices

We are required by law to maintain the privacy of your health information and to notify you of our legal duties and privacy rights concerning your information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. Under federal law we are required to abide by the terms of our Notice.

1. Uses and Disclosures We May Make Without Your Written Authorization

Treatment: We may use or disclose information for purposes of treating you. For example our staff may use your health information or disclose your information to another health care provider to diagnose or treat you. This would include disclosures to health care providers not on our staff, such as emergency room staff and specialists. We may also disclose your health information to coordinate such procedures as lab work, prescriptions, and radiology studies. In addition, health information may be used or disclosed to provide appointment reminders.

Payment: We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer for billing purposes and payment activities.

Healthcare Operations: We may use or disclose information for certain activities that are necessary to operate our practice and ensure our patients receive quality care.

Other Uses or Disclosures: We may also use or disclose your information for certain other purposes allowed by 45 C.F.R. 164.512 or other applicable laws and regulations, including the following purposes:

- To avoid a serious threat to your health or safety, or the health or safety of others.
- As required by state or federal law, such as the report of abuse, neglect, or domestic violence.
- As allowed by workers compensation laws for use in workers compensation proceedings.
- For certain public health, such as reporting certain events or diseases.
- For certain public health oversight activities, such as audits, examinations, investigations, inspections, and licensures.
- In response to a court order, warrant, or subpoena in judicial or administrative proceedings.
- Response to certain requests by law enforcement to, for example, help identify or locate a fugitive, witness, missing person or victim, to report a crime, or to provide information concerning victims of crimes. In addition, to military and authorized federal officials for national security and intelligence purposes.
- For research purposes under certain strict conditions.

2. Disclosure to Persons Involved in Your Healthcare

Unless you tell us otherwise in advance, we may disclose information to a member of your family, relative, friend, or other person who is involved in your healthcare or the payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment. If you object to such disclosures please notify the Privacy Contact as identified below.

3. Uses and Disclosures with Your Written Authorization

We will make other uses and disclosures of your information only with your written authorization. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

4. Your Rights Concerning Your Protected Health Information

You have the following rights concerning your protected health information. To exercise any of these rights you must submit a written request to the Privacy Contact identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment, or healthcare operations. We are not required to agree with the requested restriction.
- We normally communicate with you by telephone, electronic messages, or mail at your home address. This includes appointment reminders as well. We will accommodate reasonable requests to contact you by alternative means or at alternative locations.
- You may inspect and obtain, through a written request, a copy of your records that are used to make decisions about your care or payment for your care. We may charge a reasonable cost-based fee for providing the records. We may deny your request for certain reasons, such as the request of disclosure which may result in harm to you or others.
- You may request that your protected health information be amended. Your request must be in writing. Your statement of disagreement must be in writing. We may deny the request for certain reasons, such as if we did not create the record or if we determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures we have made of your protected health information. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost based fee for all subsequent requests during that 12-month period.
- You may obtain a paper copy of this Notice upon request.



VALLEY MEDICAL CENTER

2315 8th Street
Lewiston, ID 83501
(208) 746-1383

LEWISTON ORTHOPEDICS

320 Warner Drive
Lewiston, ID 83501
(208) 743-3523

5. Changes to This Notice

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception areas and web site. You may obtain a copy of the operative Notice from our receptionists or from the Privacy Contact identified below.

6. Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

7. Contact Information

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact hr@catalystmedicalgroup.com.

8. Effective Date

This notice is effective November 2, 2017.

You have the right to receive help and free information in your language. We will arrange for translation or sign-language interpretation services at no cost to you. To access our interpretive services, see any CMG team member.